

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE	4. BEAT/OCCUR					
	14-MAR-2012	20:32:00	5155 W LAKE ST CHICAGO, IL 60644	277	1532					
	6. POSITION	8. LAST NAME	7. FIRST NAME	9. STAR NO.	10. SEX	11. RACE CODE	12. AGE	13. HT.	14. WT.	
	9161	RUIZ	ROLANDO	14837	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	S	511	171		
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?				
	31-JUL-2006		015 1563A	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.		
				<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	U		511	200		
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED/FIREARM - REVOLVER, OTHER (SPECIFY)	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?					
	MOUNT SINAI HOSPITAL	DR. [REDACTED]	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION	36. CHARGES PLACED	37. CB NO.	38. IR NO.	39. DNA	40. DNA			
		<input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized								
41. SUBJECTS ACTIONS					42. MEMBERS RESPONSE					
PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT-ASSAULT		ASSAULTANT-BATTERY		ASSAULTANT-DEADLY FORCE		
DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	<input type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON	<input checked="" type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input checked="" type="checkbox"/>	
STIFFENED (DEAD WEIGHT)	<input type="checkbox"/>	PULLED AWAY	<input type="checkbox"/>	OTHER POINTED FIREARM AT R/O		ATTACK WITHOUT WEAPON	<input type="checkbox"/>	WEAPON	<input type="checkbox"/>	
OTHER		OTHER				OTHER		OTHER POINTED FIREARM AT R/O		
43. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)					44. ADDITIONAL INFORMATION					
OFFENDER POINTED FIREARM AT R/O										
POSITION	STAR NO.	UNIT	41. WEAPON TYPE	42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS	44. WEATHER CONDITIONS				
<input type="checkbox"/> 01 MEMBER	<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL	<input type="checkbox"/> 45. OC/CHMICAL WEAPON	<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Day <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Good Artificial	<input type="checkbox"/> 01 Daylight	CLEAR				
<input type="checkbox"/> 02 RIFLE	<input type="checkbox"/> 05 CHEMICAL WEAPON	<input type="checkbox"/> 46. MAKER/MANUFACTURER	<input type="checkbox"/> 47. MODEL	48. BARREL LENGTH	49. CALIBER/GAUGE					
<input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 06 TASER (Probe Discharge)	EIGS. I. G. SWISS INDUSTRIAL GESELLSCHAFT - SZ-	P229	3.8	9 MM					
50. TASER DART ID NO.	51. WEAPON SERIAL NO. (Include Letters)	52. CHICAGO GUN REG. NO.	53. FIREARM OWNER ID. NO.	54. HANDGUN CERTIFICATE NO.						
AAU05942	R001314S									
55. SPECIAL WEAPON CERTIFICATE NO.	56. PROPERTY INVENTORY NO.	57. TYPE OF AMMUNITION USED	58. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	59. TOTAL NO. OF SHOTS MEMBER FIRED						
	Department Issued		1	4						
60. WHO FIRED FIRST SHOT.	61. WAS FIREARM RELOADED DURING INCIDENT	62. HOW WAS MEMBER'S HANDGUN WORN	63. DID MEMBER USE SIGHTS							
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	<input checked="" type="checkbox"/> 03 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO							
64. HOW WAS MEMBER'S HANDGUN DRAWN	65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	66. POSITION OF MEMBER DISCHARGING WEAPON	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED							
<input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW		<input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN	<input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
68. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON	70. POSITION OF MEMBER DISCHARGING WEAPON	71. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED							
LEVEL 2 HOLSTER	<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	<input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN	<input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.	73. REPORTING MEMBER (Print Name)	STAR/EMPLOYEE NO.	SIGNATURE						
	NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.	RUIZ, ROLANDO	14837							
SIGNATURES	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
	74. REVIEWING SUPERVISOR (Print Name)	STAR NO.	SIGNATURE	DATE REVIEWED	TIME					
	ROMAN JR, WILFREDO	2594		15-MAR-2012 07:25:40						

1207418736

HV197819

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

Hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on all known facts at this time the officer complied with policy.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)
ESCALANTE, JOHN J

SIGNATURE

DATE COMPLETED TIME
15-MAR-2012 07:55:47

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF: <input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> I.O.D. REPORT <input type="checkbox"/> ARREST REPORT <input type="checkbox"/> TO/FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) <input type="checkbox"/> CR INITIATION REPORT	80. TOTAL TRR's THIS EVENT NO. 5
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